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BAKER BOTTS LLP

U.S. PTO

Please type a plus sign (+) inside this box

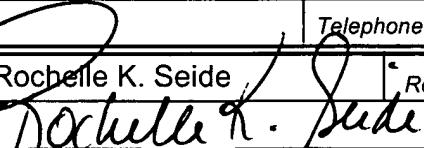


# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	A36201-PCT-USA-A 066123. 0127	
First Inventor	Solanki	
Title	ANTIOZONANT	* see attached
Express Mail Label No.	ER589238614US	

22390 U.S. PTO  
10/804884031904  

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b> Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450		
See MPEP chapter 600 concerning utility patent application contents.				
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>		
3. <input checked="" type="checkbox"/> Specification [Total Pages 23] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> </ul>		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> c. <input type="checkbox"/> Statements verifying identity of above copies		
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [ Total Sheets ] 5. Oath or Declaration [ Total Pages ]		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> <input type="checkbox"/> Attorney		
a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i>		11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>		13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.66.		17. <input type="checkbox"/> Other: .....		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:				
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		of prior application No.: PCT/IB2003/006204		
Prior application information: Examiner _____ Group Art Unit: _____				
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
<b>19. CORRESPONDENCE ADDRESS</b>				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		 <i>(Insert Customer No. or attach bar code label here)</i>		
Name				
Address				
City		State	Zip Code	
Country		Telephone	Fax	
Name (Print/Type)	Rochelle K. Seide		Registration No. (Attorney/Agent)	32,300
Signature			Date	3/19/04

**Addendum Sheet 1****\*Question 4 Addendum**4.a. Drawings are       formal       informal**\* Question 5 Addendum**5.c.  An unsigned oath or declaration is included.**\* Question 8 Addendum**8.d.  A sequence submission will follow.**\* Question 9 Addendum**9.a.  Assignment documents will follow.9.b.  Assignment documents have been filed in parent application No.**\* Question 11 Addendum**11.a.  English translation will follow.**\* Question 12 Addendum**12.a.  Copies of IDS citations will follow.**\* Question 15 Addendum**15.a.  Certified copies of priority documents will follow.15.b.  Certified copies of priority documents have been filed in parent application No.

Use the space below for additional information

Title (continued):

ANTIOZONANT BASED ON FUNCTIONALIZED BENZOTRIAZOLE  
UV ABSORBERS AND THE PROCESS THEREOF

# BAKER BOTTS LLP

Att Docket #: A36201 066123. 0127

## Addendum Sheet 2

18a. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_  
Prior application information: \_\_\_\_\_ Examiner \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

18b. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_  
Prior application information: \_\_\_\_\_ Examiner \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

18c. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_  
Prior application information: \_\_\_\_\_ Examiner \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

Amend the specification by inserting before the first line the sentence(s)

PCT/IB2003/006204, filed Dec. 25,

"This application is a  Continuation     Divisional     Continuation-in-part (CIP) of: 2003

"This application is based upon:

    prior application No.: \_\_\_\_\_, incorporated by reference herein,

which is a     Continuation     Divisional     Continuation-in-part (CIP) of:

which is based upon:

    prior application No.: \_\_\_\_\_, incorporated by reference herein,

which is a     Continuation     Divisional     Continuation-in-part (CIP) of:

which is based upon:

    prior application No.: \_\_\_\_\_, incorporated by reference herein,

which is a     Continuation     Divisional     Continuation-in-part (CIP) of:

which is based upon:

    prior application No.: \_\_\_\_\_, incorporated by reference herein,

which is a     Continuation     Divisional     Continuation-in-part (CIP) of:

which is based upon:

    prior application No.: \_\_\_\_\_, incorporated by reference herein,

which is a     Continuation     Divisional     Continuation-in-part (CIP) of:

which is based upon:

    prior application No.: \_\_\_\_\_, incorporated by reference herein

Priority under 35.U.S.C. §119 is claimed based upon the following applications.

Foreign Applications:

Country: \_\_\_\_\_ Serial No: \_\_\_\_\_ Filing Date: \_\_\_\_\_

Country: \_\_\_\_\_ Serial No: \_\_\_\_\_ Filing Date: \_\_\_\_\_

Country: \_\_\_\_\_ Serial No: \_\_\_\_\_ Filing Date: \_\_\_\_\_

Provisional Applications:

Serial No: \_\_\_\_\_ Filing Date: \_\_\_\_\_

Serial No: \_\_\_\_\_ Filing Date: \_\_\_\_\_

Serial No: \_\_\_\_\_ Filing Date: \_\_\_\_\_

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** **385**

### Complete if Known

Application Number	To Be Assigned
Filing Date	March 19, 2004
First Named Inventor	Solanky
Examiner Name	To Be Assigned
Art Unit	To Be Assigned
Attorney Docket No.	A36201 066123. 0127

### METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account Number  
Deposit Account Name

02-4377

Baker Botts LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee required under 37CFR 1.16 and 1.17  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	385
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>(\$)</b> <b>385</b>	

#### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	7	- 20 = 0	0
Independent Claims	2	- 3 = 0	0
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$)</b> <b>0</b>

\*\*or number previously paid, if greater; For Reissues, see above

### 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** **(\$)** **0**

(Complete if applicable)

SUBMITTED BY			
Name (Print/Type)	Rochelle K. Seide	Registration No. (Attorney/Agent)	32,300
Signature	Rochelle K. Seide	Telephone	212-408-2500
		Date	3/19/04

**CERTIFICATION UNDER 37 C.F.R. 1.8(a) OR 1.10\***

*(When using Express Mail, the Express Mail label number is mandatory; Express Mail Certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

**MAILING**

deposited with the United States Postal Service in an envelope addressed to the  
Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

**37 C.F.R. 1.8(a)**

with sufficient postage as first class mail.

**37 C.F.R. 1.10\***

as "Express Mail Post Office to Address"  
Mailing Label No. ER589238614US (mandatory)

Rochelle K. Seide  
Signature

Date: March 19, 2004

**Rochelle K. Seide**

*(type or print name of person certifying)*

**\*WARNING:** *Each paper of fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing 37 C.F.R. 1.10(b). Since the filing of correspondence under § 1.10 without the Express Mail label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition. "Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.*